

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF MICHIGAN



REGISTRATION AND TRAINING WAIVER FORM

If you have completed the training required by another United States Bankruptcy Court to access the ECF system in another district, complete this form to receive a login and password without further training.

Name: _____

Bar ID and State(s) of Admission (if applicable): _____

Firm Name: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____ Fax Number: _____

Email for service and notice: _____

Access requested: Full Participant
 Limited Use Participant

If Limited Use Participant was selected, please indicate type of filer: Creditor (non-attorney)
 Attorney

I waive e-mail receipt of notices of electronic filing (*applies to Limited Use Attorneys only*). Yes No

By signing and submitting this registration form, I agree to the following:

1. I will abide by all orders, rules, and administrative procedures governing the use of my login and password and the electronic filing of documents in the CM/ECF system of the United States Bankruptcy Court for the Western District of Michigan.
2. Each use of my password for filing documents will meet the requirements of FRBP 9011. I understand that the use of my password constitutes my signature on the document being submitted for all purposes authorized and required by law, including, without limitation, the United States Code, Federal Rules of Civil Procedure, Federal Rules of Bankruptcy Procedure, and the Federal Rules of Criminal Procedure.

3. I understand that it is my responsibility to maintain in my records all documents bearing my original signature that are filed using my password, and all documents bearing the original signature of any signer on whose behalf I file the documents using my password, for a period of **five years** after the case or proceeding in which the documents have been filed has been closed.
4. I understand that it is my responsibility to protect and secure the confidentiality of my password and that if I allow my password to be used by anyone other than myself that I do so at my own risk. If I believe that my password has been compromised, it is my responsibility to notify the court immediately.
5. This registration constitutes a waiver of conventional paper of a notice and a request in writing that, instead of notice by mail, notice is sent to me by electronic transmission through the court's CM/ECF system. This also constitutes my consent to accept service of all documents, except a summons and complaint, by e-mail through the CM/ECF system. I will maintain an active e-mail account with correct account information in my ECF User account.
6. If registering as a Full Participant User, I understand that a credit card is to be used for the payment of fees when filing electronically and that the Clerk of the Court reserves the right to deny access to CM/ECF if fees are not paid in a timely manner.
7. If registering as a Limited Use Participant – Creditor (non-attorney), I understand I will not receive receipt of notices of electronic filings.
8. I am currently filing electronically in the district of _____ and therefore waive attending CM/ECF training in order to receive my login/password. I understand that it is my responsibility to learn and use any and all updates to the electronic case filing procedures.
9. In accordance with 28 U.S.C. §1746, I declare under the penalty of perjury that the foregoing information is true and correct.

Executed on: _____

Applicant's Signature

Please return original to:

U. S. Bankruptcy Court
Attn: CM/ECF Project Team
110 Michigan NW
PO Box 3310
Grand Rapids, MI 49501-3310

FOR COURT USE ONLY:

Date received: _____

Date access assigned: _____

Prid #:

01/04